



## DIET RESTRICTION LETTER

Date \_\_\_\_\_

I, \_\_\_\_\_, request that my child, \_\_\_\_\_, not eat the following foods:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

while at Kiddie Academy of Greenlawn. The reason for this diet restriction is: (please check one)

- Allergy (a note from the physician is attached to the form)
- Other (please explain)

Substitutions such as:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

may be provided to my child.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Office Use Only:

- Request added to Classroom and Kitchen Food Allergy Chart
- Photo taken and posted
- Request and documentation in child's file(s)